

**Physician Assistant  
Provider Type 95  
907 KAR 3:010**

**Information about the program:**

- All Physician Assistant providers must present a current copy of license from the state in which they practice. The licensing authority for Kentucky is the Kentucky Board of Medical Licensure.
- Out-of-state providers may enroll.
- Physician assistants must be supervised by a physician.

**Additional information to be submitted by the provider for application processing:**

- MAP-811 Individual and KAPER-1/CAQH
- MAP-811 Addendum E
- Map-347 (If working in a group setting)
- Copy of Social security card or notarized statement signed by the applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.
- State license (current and reflecting requested enrollment date)
- Medicare certification letter with effective date.
- MAP-612 (must be signed by PA and assigned physician)
- NPI and Taxonomy Verification

**Important addresses:**

- Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, KY 40222
- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602